

868

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 154
Co. Registrar's No. 43
Local Registrar's No. _____

PLACE OF BIRTH
County of Gila
District of Globe
Town of Globe
City of Globe

(No. _____ St. _____ Ward _____)

FULL NAME OF CHILD _____ Born ☒ YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive ☒ NO

Sex of Child <u>male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>12</u> <u>18</u> <u>1918</u> Month Day Yr.
FATHER			MOTHER		
Full Name <u>Red M. Sanders</u>			Full Maiden Name <u>Cora Woods</u>		
Residence <u>Globe, Ariz</u>			Residence <u>Globe, Arizona</u>		
Color or Race <u>white</u>			Color or Race <u>white</u>		
Age at last Birthday <u>32</u> Years			Age at last Birthday <u>36</u> Years		
Birthplace <u>Texas</u>			Birthplace <u>New Mexico</u>		
Occupation <u>Cattlemen</u>			Occupation <u>Housewife</u>		
Number of child of this Mother <u>3</u>		Number of Children, of this mother, now living <u>2</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* ¹⁹

I hereby certify that I attended the birth of the above child; and that it occurred on 12/18 1918, at 9 A.M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature G. E. W. [Signature]
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 1918

Address Globe, Arizona

022-1218-362
COUNTY REGISTRAR.

Filed Mar 1 1919

Filed Mar 5 1919 A True Copy

[Signature]
LOCAL REGISTRAR.

[Signature]
COUNTY REGISTRAR.